

**OFFICE OF THE CHIEF OF NAVAL OPERATIONS (OPNAV)
COMMITTEE MANAGEMENT PROGRAM DATA FORM**

1. Name of Committee:

2. OPNAV Sponsor:

3. Committee POC (Name, code, & telephone):

4. Recommended Disposition of Committee:

a. Establish _____ b. Disestablish _____ c. Other _____

If "Disestablish" is recommended, sign Item 15a and return form without further entries.
If "Other" is recommended, explain:

5. Related Committees: (If committee being reported is a superior or subordinate panel of another committee, identify related committee(s).)

6. Applicable Directives: (Cite directive(s) or attach copy of correspondence pertinent to committee establishment or operation.)

7. Purpose of Committee: (Cite intended work results of committee and indicate basis of committee requirement in terms of inadequacy of regular staff coordination efforts.)

8. Committee Membership: (Identify by organization)

a. Committee Chairperson:

b. OPNAV Members (codes):

c. Other Committee Members:

Name of Committee:

9. Frequency of Meetings: (If "as required", cite average number of meetings per year.)

10. Average Duration of Meetings:

11. Record of Meetings: (Provide dates of all committee meetings held or planned during the current fiscal year.)

12. Committee Costs: (Estimate annual costs for all committee travel, per diem, and other miscellaneous expenses (e.g., contractor support, conference costs, etc.))

a. OPNAV: _____
(Travel) (Per Diem) (Miscellaneous) (Total)

b. Others: _____
(Travel) (Per Diem) (Miscellaneous) (Total)

(If miscellaneous costs exceed \$5,000, please identify nature of expenses, e.g., rental cars, printing and publications, etc.)

13. OPNAV Staff Support: (Identify OPNAV staff workyears required for annual committee operations to the nearest decimal.)

a. Professional workyears:

b. Clerical workyears:

14. Projected Committee Expiration Date:

15. Approval Authority: (Flag level or equivalent)

a. OPNAV Principal Official _____
(Signature) (Date)

(Title) (Code)

b. CNO Committee Management Officer, AVCNO (OP-09B) _____
(Signature) (Date)